

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/555586

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4	/							54					
5								55					
6								56					
7								57					
8			2					58					
9								59					
10			1					60					
11								61					
12			1					62					
13			2					63					
14								64					
15								65					
16			1					66					
17			3					67					
18								68					
19			1					69					
20			1					70					
21								71					
22								72					
23			3					73					
24								74					
25			1					75					
26			1					76					
27			2					77					
28								78					
29			1					79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5												
TOTAL DEP.	19												
TOTAL CLAIMS	24												